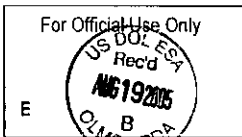


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10189	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Hilliard P Sneed P.O. Box, Bldg., Room No., if any N/A Street 430 N. Air Depot Boulevard City Edmond State Oklahoma ZIP Code + 4 73034	4. Name, file number, and address of labor organization. Name Sheet Metal Workers Local Union #124 Labor Organization File Number 012-657 P.O. Box, Building and Room Number, if any N/A Street 1404 N. W. 1st City Oklahoma City State Oklahoma ZIP Code + 4 73106
5. Position in labor organization. Business Manager, FS/T	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Not Applicable Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Hilliard P. Sneed	On 08/13/2005	405-232-1453
	Date	Telephone Number

Name of Person Filing Hilliard Sneed	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Int'l. Training Institute for Sheet Metal</p> <p>Trade Name, if any: ITI</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 N. Fairfax St., Suite 240</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Int'l. Training Institute for Sheet Metal</p> <p>Trade Name, if any: ITI</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 601 N. Fairfax St., Suite 240</p> <p>City Alexandria</p> <p>State Virginia ZIP Code + 4 22314</p>	<p>11.a. Nature of such dealing.</p> <p>Not Applicable</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>NJATC Lodging & Airfare - Contest</p> <hr/> <p>12.b. Amount.</p> <p align="right">\$1,077</p>

Name of Person Filing Hilliard Sneed

File Number U-

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Trade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St., Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Int'l. Training Institute for Sheet Metal

Trade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St., Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NJATC Per Diem - Contest

12.b. Amount.

\$375

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Not Applicable

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

Not Applicable

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Hilliard Sneed

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Part B Continuation Page

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9. Business deals with:

a. Labor Organization

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Trade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St., Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NJATC Per Diem - Contest

12.b. Amount.

\$300

Name of Person Filing Hilliard Sneed	File Number U-
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Part B Continuation Page

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Name of Person Filing Hilliard Sneed	File Number U-
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Part B Continuation Page

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	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>NJATC Airfare & Travel - Contest</p>
<p>12.b. Amount.</p> <p align="right">\$284</p>	

Name of Person Filing Hilliard Sneed	File Number U-
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Part B Continuation Page

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	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>NJATC Per Diem & Consulting - Contest</p> <p>12.b. Amount. \$825</p>

Name of Person Filing Hilliard Sneed

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Part B Continuation Page

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State Virginia ZIP Code + 4 22314

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name Int'l. Training Institute for Sheet Metal

Trade Name, if any: ITI

P.O. Box, Bldg., Room No., if any

Street 601 N. Fairfax St., Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NJATC Airfare, Lodging & Travel - Contest

12.b. Amount.

\$592

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Sheet Metal Workers JAC of Western Oklahoma

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73112

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sheet Metal Workers JAC of Western Oklahoma

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3909 Willow Springs

City Oklahoma City

State Oklahoma ZIP Code + 4 73112

11.a. Nature of such dealing.

Not Applicable

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed expenses - host Regional Contest

12.b. Amount.

\$855

Name of Person Filing Hilliard Sneed

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sheet Metal Workers JAC of Western Oklahoma</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3909 Willow Springs</p> <p>City Oklahoma City</p> <p>State Oklahoma ZIP Code + 4 73112</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Sheet Metal Workers JAC of Western Oklahoma</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3909 Willow Springs</p> <p>City Oklahoma City</p> <p>State Oklahoma ZIP Code + 4 73112</p>	<p>11.a. Nature of such dealing.</p> <p>Not Applicable</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimbursed expenses - host Regional Contest</p> <p>12.b. Amount. \$25</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Sheet Metal Workers JAC of Western Oklahoma</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 3909 Willow Springs</p> <p>City Oklahoma City</p> <p>State Oklahoma ZIP Code + 4 73112</p>	<p>11.a. Nature of such dealing.</p> <p>Not Applicable</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Reimburse expenses for Training Center</p> <p>12.b. Amount. \$61</p>